

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101599244

FILING DATE

09/22/2016

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1	1			
3	1		1			
4	3		1			
5	1		1			
6	1		1			
7		1	1			
8	1		1			
9	1		1			
10	1		1			
11	1		1			
12	1		1			
13	1		1			
14	1		1			
15	2		1			
16	1		1			
17		1	1			
18		1	1			
19		1	1			
20		1	1			
21		1	1			
22	1		1			
23	1		1			
24	1		1			
25	1		1			
26	1		1			
27	1		1			
28	1		1			
29		1	1			
30		1	1			
31		1	1			
32		1	1			
33		1	1			
34		1	1			
35		1	1			
36		1	1			
37		1	1			
38		1	1			
39		1	1			
40		1	1			
41		1	1			
42		1	1			
43		1	1			
44		1	1			
45		1	1			
46		1	1			
47		1	1			
48		1	1			
49		1	1			
50		1	1			
TOTAL IND.	3		3			
TOTAL DEP.	29	←	26	←	←	
TOTAL CLAIMS	32	[REDACTED]	29	[REDACTED]	[REDACTED]	

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.					↓	
TOTAL DEP.					↓	
TOTAL CLAIMS					↓	